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Original Articles

A STUDY OF A CASE OF FEIGNED ERUPTION.

BY MARTIN F. ENGMAN, M.D.,
AND
SIDNEY I. SCHWAB, M.D.,
St. Louis.

FEIGNED ERUPTIONS are always of interest, not merely on account of their rarity, but because of the cloud of mysterious conditions which seem to surround them. The skin eruption is only the sign-post which points to more interesting phenomena. It is evident that every case of this kind can be considered from two points of view: First, the purely clinical—that is, the dermatologic; second, the psychic. Face to face with a case of feigned eruption, the task of the physician does not end with the diagnosis and treatment of the skin lesion as such, but concerns itself with the question of motive and with the study of the mental condition of the individual. In this way these cases differ from other purely medical and surgical types of disease.

Starting from some such view as this, it seemed advantageous to us to consider this case from these two standpoints, and we hoped that by combining our results a more definite idea of the case as a whole might be obtained.

That our coöperation did not fully succeed is not due in all probability to any inherent fault in this method of investigation, but to the difficulties of the case in question and to certain unfavorable circumstances in regard to the personality of the patient, which can not be indicated with any precision here. From the dermatologic standpoint, the case is complete; from the neurologic standpoint, the case is almost as much a puzzle as when the study of the patient was first begun. It is the completeness of the former which has led us to publish the case; and the hope was present that the hypothesis advanced to explain the latter aspect of the case may be of use to others, and may perhaps serve to illustrate some of the difficulties which cases of feigned eruptions may present.

Miss X——, aged 22, consulted a surgical friend in April last for an abrasion of the finger, which she claimed resulted from a fall. The surgeon, upon examination, found a peculiar eruption upon the limbs, and referred her to one of us for treatment. It is to be noted that this displeased her and she consented with reluctance.

The patient was lame, having suffered from childhood from an unreduced dislocation of the right hip. She was of medium height, of good figure, and well nourished; had thick sensual lips, blue eyes rather closely set together, low forehead, well-shaped head, and a nervous restless manner, which became worse upon questioning. She spoke in short broken sentences, constantly shifting in her chair, evading one's glance, biting her nails, or fretfully pulling at her handkerchief. The result of various trying cross-examinations will be given together. These examinations extended over a period of several months, and finally led to a complete confession as far as the agent used was concerned. It is needless to add that these examinations were often tedious and discouraging and often had to be interrupted on account of the stubbornness and excited condition of the patient. Therefore it was of great importance to handle her with tact and patience. It is to be noted here that the patient always showed great readiness to submit to a physical examination and never was in the least embarrassed or disturbed during the exposure of the skin lesions. She lived at home with her father and stepmother, her mother having died ten years ago in an insane asylum. Her younger brother is at present an inmate of the same asylum. This latter fact she gave under great excitement and with many tears, stating that it worried her greatly, as she knew she would be the next one to go. Her stepmother was unkind to her, compelling her to do the work of a servant, and not allowing her the company of young men or to go out, as other girls. Her sister was also unsympathetic and unkind. She had never complained to her father and he did not apparently observe these facts, as he was almost constantly away on business. She came for treatment at present without the knowledge of her relations and stood in great dread of her stepmother finding this out. At times she had peculiar seizures of spasmodic violence, with outbursts of rage and a distinct destructive tendency. At one time she destroyed a valuable vase; at another some books, etc. She herself asserts that in such attacks she is unconscious of what she does. She often has severe headaches. At her menstrual periods

she often bleeds from the nose, concomitantly or instead of menstruating. With these exceptions she had never noticed any change in general health.

Last August she became engaged to be married, and a run-away match was planned on account of the objections of her parents. This was given up, and shortly after the man left her and became engaged to a friend of hers. This long emotional experience was told in great detail, which for lack of space and out of motives of delicacy is here omitted. Shortly after this one of her brothers contracted whooping-cough, and one night she was compelled to sit up with him. She did this under strong protest. She sat down in a chair beside the bed, reading a book. The mother objected to her reading this book as being unfit for her and tried to take it from her by force. This evidently gave rise to one of the attacks mentioned above. She threw herself on the bed and slept. The

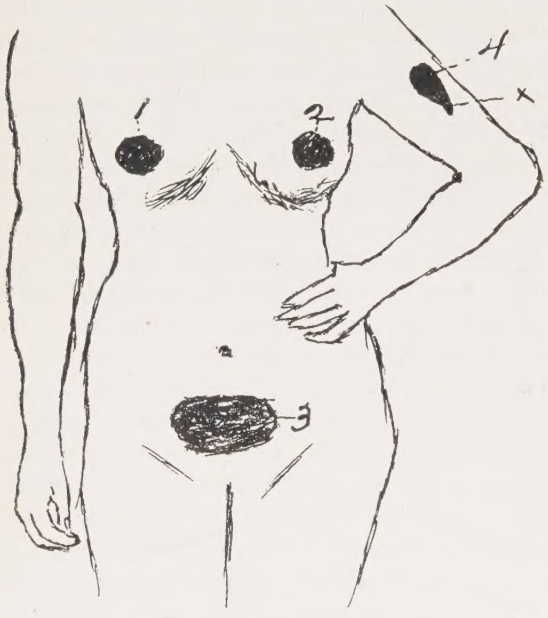

FIGURE 1. 1 and 2, spots on nipples; 3, large spot above mons Veneris; 4, spot on arm where re-agent has run down x.
(This figure is purely diagrammatic.)

next morning upon awakening she found these spots upon her. At this examination, being accused of using some agent to produce the eruption, she confessed to having used cresolene, but denied all knowledge of having done it intentionally. Upon asking her how she knew that they were produced by the cresolene, she said it was used in the sick-room, and, upon finding the saucer in her room with a piece of cotton therein and the stains on her fingers, she at once concluded she had produced the eruptions with it in her sleep. This part of the history is not all clear, as she would always become so excited at this point that no reliance could be placed on what she said. Afterwards she stated she did not know why she did it and that no one had at any time seen the eruption, and upon being asked about erotic fancies and masturbation, she became uncommunicative and refused to answer. Later, however, she admitted occasional masturbation, and confessed to having made a large spot above the mons veneris in the height of her sexual excitement. (See figure 1.)

At her first appearance she had several lesions on both legs, arms, chest, and on one shoulder. That they were feigned was at once evident. Upon this assumption a suggestion was made that similar lesions would appear upon a certain locality on each arm, but this suggestion had not its intended effect, although new lesions appeared on other localities. After which, it was again suggested to the patient that it was peculiar that no lesions appeared about the nipples, as was usual in this "rare disease." This remark had its desired effect, as upon her next visit two beautifully executed spots appeared on each nipple. (see figure 1), extending beyond the areola. As soon as these were exposed, she volunteered the information that a large new spot had occurred further down. Upon examination a large lesion deeply made, the greatest in extent yet seen, was situated above the mons. At each visit new spots were shown and sometimes old ones were renewed or enlarged. In manipulating these places ever so gently she complained of pain when looking, but when her attention was attracted elsewhere by someone else, pressure could be made without eliciting such marked symptoms of pain. After her confession no new spots appeared, the patient bringing all the remaining reagent with her to the consultations. But she still continued her visits, wishing to be cured, but of what she would never fully communicate. She has not now been seen for some time. Twice letters have been received, the envelopes being addressed to one of us, both being letters evidently to one of her friends. This completes the history with the exception of certain details referring to purely personal matters, which we considered best to omit.

Physical Examination.—The internal organs were normal. Pulse slow, intermittent and irregular. Throat slightly congested and irritable. Marked tremor of the hands and tongue. Reflexes slightly accentuated, but not abnormally so. No anesthetic areas could be found. In the region of the individual eruptive areas slight hyperesthesia. Dermographie not marked.

The eruptions consisted of about twenty lesions, located on the outer and inner sides of the thighs and legs, arm, chest, extensor side of left arm, chest, and nipples, breasts, abdomen, and one about a mole on the right shoulder. The lesions ranged from the size of a quarter to that of the palm of the hand, the latter the largest, situated on the abdomen. They were generally perfectly round, though some were oval,

angular and irregular in outline, evidently having been made with different instruments at different times. The perfectly round ones were probably produced by the reagent on a cork, the oval and irregular ones by a paint-brush or a tampon of cotton rolled into different shapes, thus causing the diversity in the sharp outlines of the lesions (see Fig. 2). Cresolene is a secret remedy used in whooping-cough, diphtheria and such diseases. It contains a large per cent. of carbolic acid, and therefore it causes a rather typical carbolic acid burn. The outlines of the lesions are sharp and surrounded by a heavy pinkish-red areola or area of hyperemia, which remained throughout the involution, taking on a deep, almost coppery, tint as the lesion grew older. Within this areola is the burn proper, showing the abrupt sharp reducing

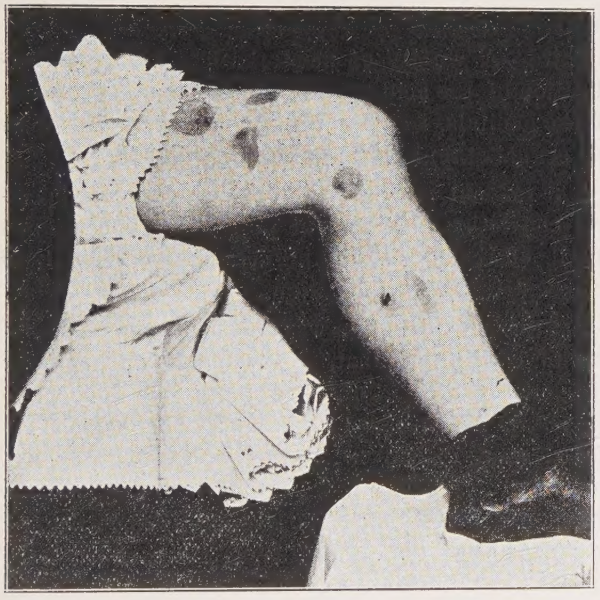

FIGURE 2.

effect of the acid, the flakes or crust of horny epithelium, the thickness of these crusts depending upon the amount of reagent used and the energy with which it was applied. The center of the round ones were most deeply affected, as if the cork had been rotated, then raised, leaving a slight excess of the reducing agent in the center to run generally downward and form a streak to stop at the edge of the spot. Blackish points could be seen in some of the worst lesions, showing the severity of the application and the subsequent extravasation of the blood. On the right arm was a lesion made with a brush or piece of cotton, oval in outline, where the reagent had been dabbed on and had run down the arm, forming a point, to burn at this place more deeply on account of its excess (see Fig 1). All of them have a circular or oval outline, but this is often broken to form an angle (see Fig. 2), which is characteristic of badly feigned eruptions.

The lesions disappeared very slowly by thickening and exfoliation of the crusts, the red color becoming deeper, the lesions finally becoming smooth, leaving a dark pigment spot, which remained for some time. The diagnosis was made from the peculiarity, the irregularity, the reduced appearance of the lesions, their situation being mostly on the left side, or in places easily accessible to the right hand, and the dissimilarity to any known disease. To one experienced in the diagnosis of skin diseases the case was plain, but to those who had not had this opportunity it might have suggested syphilis, leprosy, tinea circinata, psoriasis, mycosis fungoides, but the resemblance was so slight that it would be useless to go over the points of difference. It would also be out of place here to write a long dissertation on the general question and phases of feigned eruptions, the subject having been so well discussed by Van Harlingen* and Van Harlingen and Stout.† The following points, as given by Croker,‡ will aid in their detection: "The eruption or lesion nearly always differs from what may be called the natural eruption it is supposed to represent, and is often unlike any known disease. Thus, if it is an erythema, it is probably sharply defined and irregular in shape and, with a clumsy operator, may be angular in outline. If it is gangrenous and produced by a liquid caustic, in addition to the irregularity, it is common to find that some drops have been spilled away from the main lesion or that it has run down in a streak (see figure 1), or that it has damaged the clothing, fingers or nails. Then the lesions are either single or few in number, at least at each supposed outbreak, though when the deception has lasted a long while, the number of lesions in the aggregate may be very large. They are usually arranged unsymmetrically, mainly on the left side, especially on the limbs or at all events in easily accessible positions."

In attempting to find an explanation of this case, the evident neurotic character of the patient and the neurotic family history must be kept in mind. In the reports of such cases much importance is always laid upon the idea of hysteria, either as being an etiologic factor in the case or as a co-existent state. It is probable that too much weight has been laid upon this side of the question. Hysteria as a diseased condition has nothing whatever to do with feigned eruptions, nor can any such impulses be regarded as characteristic of the disease. That a patient with a feigned eruption may be hysteric is evident enough, but the hysteria is only to be considered as a coincidence.

If, however, one is inclined to accept the theory of

*Handbook of Skin Diseases, 1895.

†A System of Genito-Urinary Diseases: Syphilology and Dermatology, Morrow, Vol. III.

‡Diseases of the Skin, 1895.

Pierre Janet* that fixed ideas are an important element in all hysteric persons, then in this case the fixed idea may very well have been directed to the self-mutilation in question. Fixed ideas, or "idées fixes," are thus defined by Janet:† "are psychologic phenomena which develop in the mind, in an automatic way, independent of the will and of the personal perception of the patient, which, instead of being experimentally produced by suggestion, are formed naturally under the influence of accidental causes."

It is commonly supposed that the anesthesia so often found in hysteria might offer a favorable opportunity for painful applications to the skin. The error of this view is evident upon closer consideration of hysteric anesthesia, which is characterized especially by the total ignorance of the patient concerning his anesthetic areas or their precise location. In this case, where the skin lesions were scattered about the whole surface of the body, and were made at various times, the anesthetic areas of the skin would of necessity have been well known by the patient. Further, no evidence of hysteria was found on physical examination, except the tremor and the headache, neither of which was typical, so a diagnosis of hysteria is not justifiable. So in this case the hysteric temperament, so-called, may possibly aid us in understanding the case, but cannot be etiologically of much significance.

The question of motive is always of great importance. For if a reasonable motive can be obtained, then the case ceases to be pathologic at all and becomes merely an interesting phase of human experience. The motives commonly found in cases of this sort are a desire for sympathy and attention, or an excuse for not performing some disagreeable duty, etc.

Such were excluded immediately by the statement of the patient that no one had seen the eruption with the exception of the physicians, and that she did not wish to consult them for this at all, and that the discovery of the skin eruption was purely accidental and annoying to her. In every motive considered, a knowledge of the skin lesion by some other than the patient and the physicians was essential; so after a careful consideration of many possible and many more impossible motives, the idea of a definite and reasonable motive was abandoned, and the case was thought to be pathologic, and as such certain pathologic conditions were applied as hypotheses to explain the case.

It was soon evident to us that the sexual element was an important factor in the case, and a careful consideration of the seat of the lesions strengthened this view. This idea was further emphasized by a more detailed inquiry into the patient's sexual history. Evidences of masturbation, of erotic tendencies, and of a delight in weaving erotic adventures, of which she was the heroine, were obtained in great abundance. It was impossible to find out how much of this was true and how much merely the product of her imagination. The following theories were formulated under the head of sexual etiology: First, the possibility that these eruptions were not done by the patient herself but by some one else—a form of sexual perversion described by Kraft-Ebing. Second, a form of "exhibitionismus," in which the eruption would give an opportunity for repeated examinations at the hands of the physicians. The peculiar localization of the eruption—on the breast, abdomen, buttocks and thighs—would give a certain probability to this view.

Third—A variety of masturbation, where the application of the acid to the skin, in the neighborhood of the genitals, would act in the nature of an artificial sexual stimulation.

It is evident none of these views carry any positive conviction. A certain probability is contained in all of them, but nothing conclusive enough to be accepted as an explanation.

A further explanation was founded upon an assertion of the patient that, if the marks on her body were caused by herself, then these were done while she was in an unconscious state. She herself repeated over and over again that in no way was she ever conscious that she herself applied the liquid. This statement is scarcely to be aceepted as true, unless the possibility is assumed that the application of the fluid was done in an hypnotic state, or as a result of a post-hypnotic suggestion. As there was no evidence that such was the case, the explanation is to be regarded as unsatisfactory. There remains one more suggestion, which has been left to the last, as being the most plausible. This patient applied the cresolene to herself as a result of a "Zwangsvorstellung"—that is impulsive idea, or imperative idea. Kraft-Ebing* thus defines imperative idea: "There are many mentally diseased and nervously affected individuals, who complain that they cannot free themselves from certain disturbing and oppressive ideas, the inappropriateness and the 'unusualness' of which they fully understand. These thoughts press constantly in their conscious, logical association (ideation), and disturb its activity; that these thoughts are often bound up with impulses to acts, which according to their content the person finds laughable or terrible. Such ideas, which are fixed in the consciousness with a pathologic intensity

*Létat mental des Hystèriques, Pierre Janet (1894), Chap. 2.

†Idem., page 56.

*Lehrbuch der Psychiatrie, Kraft-Ebing. Sixth edition, page 59.

and duration are imperative ideas." Kraepelin* so defines it: "We have to do with ideas which force themselves into our consciousness against our will and in spite of strong objection."

Lieben† explains Zwangsvorstellung as a wrong association of ideas, which, in spite of an overwhelming correct association of judgment, continually presents itself to the patient. * * * Imperative ideas can often lead to acts. Westphal, by the term impulsive ideas, is to be understood such ideas which appear prominently in the consciousness of individuals of otherwise intact intelligence, against his will. These ideas cannot be driven away, they hinder and cross the normal development of ideas, and are always considered by the individual as abnormal, foreign, and against which he opposes his normal consciousness.‡

If we are to regard, then, this phenomenon as an imperative act, the result of an imperative idea, then many things at first sight about it would become clear. However, a close analysis of the patient with the idea of imperative idea, as explained by these definitions, fails to disclose some of the essential points of the phenomenon. For example, no feeling of terror or discomfort, and no evidence of an attempt on the part of the patient to resist the idea could be obtained. This last hypothesis is open to other objections also, which lack of space prevents from stating here. It is on the whole the most reasonable of all the explanations advanced, and it is more than likely that a more extensive examination of the patient, with possibly this theory in view, might give the desired explanation of this case.§

*Kraepelin Psychiatrie. Fifth edition, page 140.

†Psychiatrie. 1894. Page 120.

‡Taken from Mendal's article on Zwangsvorstellung, in Neurologisches Centralblatt, Jan. 1, 1898.

§Since writing the above the patient has again called and made a clear and voluntary confession, the substance of which proves the sexual theory the correct one.

Notes and Items

THE possibility of anti-typhoid inoculations, is one which is deserving of further study. The recent Maidstone epidemic of typhoid in England, has directed attention to the subject of preventive inoculations. There is a large asylum in Maidstone, which employs 200 attendants. Of these, 95 were inoculated, none of whom contracted the fever, while of the remaining 105 who refused to undergo the process, 19 suffered from the disease.

THAT the quackish interests of the State of Illinois feel the effect of the new practice act, is shown by the fact that Prof. T. A. Bland, of the late Independent Medical College of notorious memory, is trying to organize an association to contest the constitutionality of the act. He claims that the law was passed through fraud, and is attempting to gain some support among the regular profession by misrepresenting the facts in the case and impugning the motives of those who urged the passage of the bill.

MYERS BROTHERS, druggists, publish a fac simile of a receipt for $6.50 given to one James Moore in full for medical attendance by Dr. Jacob F. Lambert of Hatfield Station, Montgomery, Pa. It is dated April 1, 1865, and contains the following little injunction regarding the payment of medical bills:

"If you would live and happy be,
Pay your doctor cheerfully;
For those who pay he loves to save
From sinking in an early grave."

This meter may not be true, but financially the couplet leaves nothing to be desired.

NOTWITHSTANDING the active crusade that has been inaugurated against the cigarette, or the laws that have been passed in various States and the special taxes laid on its sale by some municipalities, it has evidently come to stay. The output of cigarettes in the United States for February, 1898, is said to have been 281,124,590. We presume that this number represents those that were put up in boxes and were stamped with Government tax stamps. It evidently does not represent the total number of cigarettes used, as a very large number are manufactured in a domestic way, or by individuals at the time they are consumed.

THE epidemic of yellow fever in the National Soldiers' Home, at Hampton, Va., seems to have been brought to a favorable termination. About thirty of the inmates were attacked in the space of ten days. The cessation of the epidemic speaks well of the sanitary means employed and for our power of control over disease. The number of deaths was seven. Dr. Fulton, Secretary of the State Board of Health of Maryland, states that there is no danger now of the spread of the epidemic, though it was at first feared that the failure to recognize the disease early might result in the spread of the disorder. There are at Hampton no commercial interests to be considered, nor a staff of perverse functionaries to obstruct the administration.

THOSE who claim that the United States Pharmacopeia is behind the times should read the recent comment in the *London Pharmaceutical Journal*, one of the leading English publications, which says: "The work is revised more frequently, produced more regularly, and the work of preparation gone about in a more business-like manner than is the case with the British Pharmacopeia." While this commendation

from such a high source is gratifying, we should remember that even a good work may sometimes be so improved as to make it excellent. We do not imply that the Pharmacopeia is all that it should be, but the forthcoming revision will present certain problems with which the Committee will have to deal, and which will involve more radical changes than any that have been made in the official publication.

ACCORDING to the *Scientific American* the Italian observers who have been closely studying the method of infection by the malarial organism, have succeeded in inoculating with the bite of mosquitoes. The observations were made upon a hospital patient who had been in an institution for two years, suffering from hysteria. This patient was closely observed and was definitely known to be free from febrile attacks, and to have been free from the slightest taint of malaria. In the sleeping room of this individual, there were turned loose from time to time, numerous specimens of Anopheles claviger, a species of mosquito; the insects all having been captured in a malarial region. On the eighteenth day after the beginning of the experiment, the person began to feel ill and an examination of the blood revealed the malarial parasite.

THE Surgeon-General's office has recently issued a circular directing the organization of a corps of women nurses for the army. These regulations are headed by the statement that they are to govern the "female nurse corps." The salary of the nurses is fixed at forty dollars per month, which is to be increased to fifty dollars in case of service in Cuba, Puerto Rico, Hawaiian Islands, or the Philippines. When five or more nurses are serving together, a chief nurse is appointed who will receive increased pay. The requirements are a thorough professional education, including at least two years service in a hospital and good indorsements from those whom she received her training. Some of these requirements are not insisted upon in the case of "immunes," who may be called for special duty, and these latter may not be required to sign for a definite length of time. The requirements are also not so rigid in a certain class of women nurses called "dietists," who are assigned to supervise the preparation of food for the sick and wounded who require special diet.

AN additional argument in favor of cremation is furnished by an article in *Scribner's Magazine* by J. F. Archibald. In writing on "Havana Since the Occupation" he speaks of the disposal of the dead. The custom in Havana is not to buy a lot in the burial ground, but to rent a burial place for a period of years—usually three. After this time has elapsed the bodies are exhumed and taken to an unused spot in the cemetery in which there is an enclosure about seventy-five feet square and fifty feet deep; in this there is a heap of bones in all states of preservation, and piles of burial cases of all degrees from costly caskets to a cracker box and an oil can. He states that in many cases the bodies of the poor are never buried at all, but in one side of the cemetery is a building called the dead house, in which arrangements are made for burning the bodies with lime until there is nothing left but the bones, which are then thrown into the general pit. A cheap and efficient method of disposing of the dead is cremation, and we are surprised that a story like this should come from a country that accounts itself civilized. Much the same system prevails in Italy and will perhaps be adopted in this country when burial lots become more expensive and the number of inhabitants increase.

DR. DENSLOW LEWIS, of Chicago, in response to the request of Dr. Isadore Dyer, of New Orleans, the representative for the United States to the International Conference for the Prophylaxis of Syphilis, etc., to be held next month in Brussels, has written to the Secretary General as follows:

"Your conference is the most important gathering of medical men the world has ever known. The matters you will discuss are of vital interest to the individual and to society in general. The tendency of your deliberations is altruistic and philanthropic. You will consider the consequences of a God-given instinct improperly and injudiciously applied. You will treat, in no illiberal manner, of practical methods best calculated to preserve the health of our youth and to protect the best interests of society.

"In the consideration of the prostitute, I beg that no inconsistent spirit of assumed superiority may prevail. I trust it will be remembered that she is the victim of man's ill-directed obedience to a dominant instinct. She is the creature of our civilization and not a criminal. She is entitled to care and not punishment. She is a citizen who should receive the protection of our laws. She is an outcast from certain grades of society only. She is still a woman, and at one time she was a pure and innocent child. She is now what she is, not because of innate depravity, but because our sociological conditions fail to solve the problem the solution of which would make her existence impossible.

"She is of special interest to the hygienist and practitioner of medicine in so far as she serves as a disseminator of disease. Her care should consist in restrictive measures against the spread of disease, and only to that extent should she be the object of police surveillance. Facilities for diagnosis and treatment of venereal disease should be multiplied. Measures which infringe on the personal liberty of the prostitute are inconsistent with our civilization except so far as they bear on the prophylaxis of disease."

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EDITED AND CONDUCTED BY

H. W. LOEB, M.D., ST. LOUIS,

AND

WILLARD BARTLETT, M.D.	W. P. LOTH, M.D.
Y. H. BOND, M.D.	F. J. LUTZ, M.D.
W. B. DORSETT, M.D.	H. N. MOYER, M.D.
CARL FISCH, M.D.	J. S. MYER, M.D.
A. FRIEDLANDER, M.D.	B. H. PORTUONDO, M.D.
R. B. H. GRADWOHL, M.D.	A. RAVOLD, M.D.
JAS. G. KIERNAN, M.D.	S. I. SCHWAB, M.D.

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All communications should be addressed to
DR. H. W. LOEB, Managing Editor,
3559 Olive St., St. Louis, Mo.

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ALCOHOLIC SOLUTION OF ETHER FOR DISINFECTION OF THE HANDS.

Anyone who has noted the experimental work in the disinfection of the hands will not believe that it is possible to sterilize them perfectly. Undoubtedly the surface of the hands may be so sterilized, but the ducts of the glands which lie below the surface of the epidermis contain bacteria which cannot be reached by a chemical solution or mechanic friction. As soon as the hands have been used in ordinary surgical manipulations for a few minutes, these bacteria are worked toward the surface, which is again infected. The only safeguard is the use of rubber gloves, which are destined to have a much more extended field of usefulness than they now have. If gloves are not used, the best disinfectant for the hands is probably alcohol. Of course this cannot be relied upon alone, the hands should be washed for a long time in soap and water, the thorough use of a brush, and then dipped in permanganate and oxalic acid, and this followed by alcohol. We believe that alcohol is much more efficient in the removal of germs than is corrosive sublimate. The latter fluid, while having an undoubted powerful germicidal effect, is with difficulty brought in direct contact with the germ because it coagulates albumin and its solution has no action upon fats. Many of the germs which infest the hands are worked out from the ducts and the sebaceous follicles and are there surrounded by fats. This thoroughly protects them from the effects of watery solutions, but they are easily removed by alcoholic solutions, particularly those containing ether. The alcoholic solution of ether has an additional advantage, that it does not destroy the superficial epithelium of the surgeon's hands, no matter how frequently it is used. As a hand disinfectant, to be used frequently during the progress of an operation, an alcoholic solution of ether is most efficient.

THE TREATMENT OF INSOMNIA BY MUSCULAR MOVEMENT.

The profession is so wedded to the treatment of diseased conditions by the use of drugs that mechanic methods are apt to be overlooked. It is now several years since J. B. Learned called attention to a method of inducing muscular fatigue while in bed for the purpose of overcoming sleeplessness. The method of Dr. Learned is based on correct physiologic principles, and, in the majority of cases, one can, by adhering to his directions, induce sleep in from five to eight minutes. The method is as follows:

Lying on his back, the patient first reaches for the foot and head-board at the same time. He then raises his head half an inch, at the same time breathing slowly and deeply about eight inspirations to the minute, which are counted. After about twenty inspirations, the head, which begins to feel heavy is dropped. The right foot is then raised, reaching for the foot and head-boards, counting being continued and similarly dropped when fatigued. The left foot goes through the same process. The muscles which are used for reaching for the head and foot-boards are then relieved and the body is elevated so that it rests on the head and heels. He then turns on the right side and reaches for the head and foot boards again, and raises first the head and then the foot, as before. The same process is gone through on the other side. If sleep has not been induced the same cycle is gone over again.

The method, as described by Dr. Learned, is somewhat complicated, and while it may be useful in obstinate cases, in those less severe the simple deep inspirations, carefully counting their number, will be sufficient to induce sleep without further muscular effort.

THE PASSING OF PEPSIN.

Some fifteen years ago an industrious student made a collection of ten thousand prescriptions, taken at random from various pharmacies. The most frequent drug found in these was quinine in its various preparations. The next most frequently prescribed drug was pepsin. Since that time there has been a great falling off in the popularity of this drug, and we are of the opinion that if similar statistical study was now made, that not 10 per cent. of the original number of pepsin prescriptions would be found. The reason of this falling off in the pepsin prescriptions is undoubtedly due to our more exact methods of diagnosis and to the thousands of analyses of stomach contents which have been made. There are very few cases found in which the gastric juice is carefully analyzed, that show a marked deficiency of pepsin. Dilatation of the stomach, catarrhalgastritis, ulcer and tumor are conditions which rarely show a lessening of the amount of pepsin in the stomach;

in fact it is only these cases which show a marked atrophy or sclerosis of the mucous membranes, in which pepsin is markedly diminished. The constituent above and beyond all others which is diminished is hydrochloric acid. It is but natural that these more exact observations should be reflected in the therapy of the day; but it is a sad commentary on empiricism in therapeutics, that pepsin, which was once next to the leading drug in the treatment of suffering humanity, should have fallen to so low a place, and it raises a serious question as to the value of the tons of pepsin which were given in the years of its prosperity. Of one thing, however, we may be certain, and this is not true of all drugs in the materia medica, that if the pepsin did no good it certainly did no harm.

A NEW METHOD OF CURING TUBERCULOSIS.

At the last meeting of the American Medical Assoeiation, a chemist by the name of Crotte made an application to two of the sections to read a paper upon a new consumption cure, which he had devised. In each instance the section declined to have the paper read, not caring to lend itself to the exploitation of sensational consumptive cures. The method in question is describsd in the August issue of the *Bulletin of Pharmacy*, as follows: A sponge, attached to the positive electric pole, saturated with a preparation of formaldehyd, and other antiseptics, is applied to the patient's breast. The negative pole is applied to the patient's back, and by the electric current the medicine is forced in through all the pores of the body. Crotte is by no means modest in bis assertions as to the efficacy of this method, claiming that he can cure all patients in the first stages of tuberculosis, 75 per cent. of those in the second stage, and even 30 per cent. of those who have reached a condition usually regarded as absolutely incurable. The *Bulletin* says: "Theoretically, and on paper, this method would seem to have something to commend it. Formaldehyd is now recognized as one of our best germacides, and if through its beneficent action the tubercle body can be destroyed, there is strong hope of the patient's recovery; for once the cause of the disease is removed, the tissue changes which that cause has produced may be healed, unless they have perchance gone too far. But whether in practice the formaldehyd can really be made to permeate the lung tissues and produce in them, so permeated, its germicidal effect, is open to question."

Exactly! We fully agree with the *Bulletin's* conclusions that *if* the formaldehyd can be forced through the lung tissue, and *if* it will then and there kill the tubercle bacilli, it will be a good thing for the patient, and he may recover. In the early stages of tuberculosis the tissues are not so damaged, but that their integrity may be restored if the continued action of the morbid agent is stopped. Ever since the discovery of the tubercle bacillus the profession has been seeking for the ideal antiseptic which could be blown into the lung and kill the bacillus and not the patient. Those who treat diseases of the lung seem to forget that the tuberculous process is not different in that tissue from what it is elsewhere in the body. The gloomy chapter on the treatment of tuberculosis of the skin, in which the infection is upon the surface, and in which the strongest antiseptics can be used directly upon the parts, should teach us that the probability of reaching tubercular infection of the lung by the direct application of antiseptics, is one which affords little hope.

FAT-FREE TINCTURE OF DIGITALIS.

The *Bulletin of Pharmacy* of August, 1899, refers to a paper which Joseph W. England presented to the Pennsylvania Pharmaceutical Society. The fat-free tincture of digitalis was found to act much more promptly than the ordinary, the latter showing its physiologic effects in thirty minutes, while in the former it was produced in fifteen minutes. The fat was removed in making the tincture, by subjecting the leaves to the repeated action of purified petroleum benzine. After the leaves have been treated in this manner, they are thoroughly dried to remove the benzine, and then the tincture is prepared in the ordinary way. In the use of this purified tincture no difference in the time with which the physiologic effects were noted, whether it was given hypodermically or by the stomach. Apparently the fat in the ordinary tincture of digitalis interferes with its absorption, and therefore there is a delay in the development of its physiologic activities.

THE AMERICAN VOICE.

The recent discussion of the American voice before the American Laryngological Association of Chicago has called forth editorial comment in the *British Medical Journal*. Dr. Farlow, in his paper, said that the American voice had a nasal twang, and the question which he discussed was whether this was due to catarrhal or other pathological conditions of the upper air passages. This, our British cousins think, must have something to do with the American voice, as, judging from the text-books in this country, the average American nose must illustrate most of the diseases and deformities incident to that part of the human fabric. Dr. Farlow in his article correctly pointed out that the American voice was largely a matter of imitation, and that the nose alone did not account for the difficulty of the voice.

Current Medical Literature

DISEASES OF CHILDREN.

Night Terrors in Children. — J. MORGENSTERN* concludes that in most of these cases there is a co-existent gastro-intestinal disorder; that nervous children are especially liable to be attacked. Treatment should be directed to allaying the gastro-intestinal trouble; tonics are of great value. Suggestive treatment is important; child must be treated gently and kindly. It is often a good plan to keep a light burning in the child's bedroom. Hypnotics and sedatives are very rarely necessary.

Therapeutics of Whooping Cough.—F. J. TAYLOR† summarizes this as follows: There is no specific treatment. The prime objects are to lessen the frequency and severity of the attacks, and to assuage the irritability of the air passages. Treatment should be prophylactic, hygienic and medical. Isolation and disinfection are very important as prophylactic agents. Infectiousness ceases two months after onset of disease. Thorough ventilation, without draughts, should be secured. In summer children should be in the open air; in winter only on dry, still days. Winds are more dangerous than dampness. Child should be fed often; it is not sufficient to rely on the ordinary three meals. For children of suitable age, eggs and meat juice should form a large part of the dietary. Excitement and over exertion should be strenously avoided. The medical treatment may be divided into: (a) That which is directed against the nervous elements of the diseases; (b) that which has to do with the catarrhal condition; and (c) that which is directed to the support of the system. (a) Nervous irritability. If anondynes be necessary codein is the safest. Antipyrine is of great value. Children stand proportionately larger doses than adults and in afebrile conditions the drug is not depressant. Belladonna in proportionately large doses is often of great service. With antipyrine and belladonna the bromides may often be combined to advantage. Of the newer remedies bromoform (in doses of gtt. ij.–iv., three or four times daily, for a child of six) may be used. Author has, however, had better results with antipyrine. Quinine may be used with good effect. (b) Catarrhal condition. Emulsion of asafetida is valuable, but very disagreeable. Alum is a tried agent; for the cough, codein, tartar emetic and syrup of ipecac and squills. Local treatment is not recommended because it is too difficult to carry out. The room may be saturated with the vapor of a cresoline lamp, though of late this has been superseded by formaldelyd vapor. Two tablets of paraform, which contain large quantities of formaldehyd, are dissolved in a half drachm of alcohol and evaporated over gentle heat. (c) General treatment. The bowels must be kept open and general tonic treatment instituted. During convalescence iron, arsenic, strychnine and cod liver oil are of great value. When possible a change of scene should be had.

*Pediatrics, August 1, 1899.

†Annals of Gynecology and Pediatry, July, 1899.

Enlargement of Tibial Tubercles.—H. L. TAYLOR* reports two cases of enlargement of the tibial tubercle in children. He considers that we have to do, in these cases, with an ostitis or a periostitis, which may be secondary to a bursitis. The tubercle, being developed on a lip of the epiphysis close to the proliferating epiphyseal line, is probably especially sensitive to traumatic or other irritation. The symptoms are pain in and swelling of the tubercles. Local application of Churchill's tincture of iodine gave complete relief in both cases.

Atypical Case of Measles.—F. H. ROWE† reports a case in a child of four, where, upon the nineteenth day of a severe infection accompanied by high fever, slight delirium, and anorexia, a copious rash of measles appeared. Two sisters went through ordinary attacks of measles during the period. The rash itself, when it did finally appear, ran a perfectly typical course, without further constitutional symptoms.

EYE, EAR, NOSE AND THROAT.

An Anatomic Point in the Etiology of Naso-Pharyngeal Disease.—L. BROWNE‡ has come to the conclusion, as a matter of experience, that, while ease and completeness of post-rhinal examination depend almost entirely on the amount of space at command between the uvula and the posterior pharyngeal wall, so also does this condition favor disease in the region under consideration—that is to say, the wider the distance between the soft palate and pharynx, the more surely we may expect on examination to find postnasal trouble. Atrophic rhinitis, which is essentially both a nasal and a postpharyngeal disease, is associated with undue potency of the nasal orifice, nasal vestibule, nasal fossæ, and of the naso-pharyngeal vault. It may be taken, therefore, as a type of what is to be looked for by the happy possessor of a roomy naso-pharynx.

The Facial Nerve in Its Relations to the Aurist.—RICHARDS§ claims that a great many cases of facial paralysis are due to chronic suppuration of the ear and to intra-tympanic operations. The otologist should never overlook the possibility of this condition, and it is well that the patient be informed of the frequency of paralysis. The prognosis, in most cases, is good, as the paralysis will sooner or later

*Pediatrics, August 1, 1899.

†Pediatrics, August 1, 1899.

‡Phila. Med. Jour., Aug. 26, 1899.

§Annals of Otology, Rhinology and Laryngology, May, 1899.

disappear. The writer points out the variations in the position of the facial nerves, which renders great caution in aural operations all the more necessary.

Report of a Case of Complete Monocular Blindness Following an Injury to the Head, Attended With Full Restoration of Sight.—W. C. POSEY* reports a case of complete blindness of the left eye, occurring in a young man six days after the receipt of a severe blow over the eye. Pain was felt 36 hours after the blow and vision became dim at the same time, coming on as though a veil were dropping down over the eye. Nothing abnormal was visible to the naked eye, but with the ophthalmoscope the optic nerve bead was found to be much paler than in the other eye; the venous pulse was much exaggerated, the veins on the disc, and for several diameters off, appearing to collapse at the diastole of the heart. The eye was absolutely blind, there being no light-perception. Under active treatment, leeches applied to the temple, administration of salines, unctions of mercury, and rest in bed, perception of light returned in three days. Under salts, diaphoretics and potassium iodid, recovery was complete in one month. The lesion may be imputed to a fracture involving one of the bones of the orbit, which operates similarly to that which causes permanent blindness, the difference being in extent and position of the fracture.

Chronic Empyema of the Accessory Nasal Cavities.—G. C. STOUT† reports seven cases, and enters into a general discussion of the subject. The general opinion seems to be that most cases of empyema of the accessory cavities are caused by hypertrophic conditions of the nasal mucous membrane, which close up the infundibulum, ostium maxillare, and other openings. Chronic antral inflammation is frequently coincident with trouble in the frontal sinus, which should be carefully looked for before operating on the antrum. Probably many of the obstinate and incurable cases of antral empyema are so because of the coexistence of frontal trouble, which has been unrecognized. The diagnosis is made from the symptoms and signs, and may be greatly aided in many cases by the electric light tests. The treatment may be divided into the intranasal method and the extranasal method. The former includes (*a*) catheterization, (*b*) paracentesis, (*c*) removal of parts of the intranasal wall. In the second method the antrum is freely opened through the canine fossa or alveola socket.

GYNECOLOGY AND OBSTETRICS.

The Use of Parotid-Gland Extract in the Treatment of Ovarian Disease.—E. P. MALLETT‡ does not attempt any physiologic explanation of the action of this extract on the ovarian structure, but simply states some of its effects as observed by him: 1. It has seemed to relieve the pains of dysmenorrhea in all cases, without regard to the supposed cause or pathologic condition present, to a greater extent than any of the so-called uterine sedatives, all of which were used. 2. It relieves those dull, aching pains referred to the back and ovarian regions, usually designated as reflex pain, ovarian neuralgia, etc. 3. Menstruation, when deranged, seems to become more regular as to periodicity, less in amount, and shorter in duration. 4. During its exhibition, pelvic exudate seems to soften and become absorbed more rapidly under abdomino-pelvic massage. 5. The general health, strength, and spirits seem to improve during its use, and those dull headaches, which constitute such a persistent and annoying symptom in these cases, are almost invariably relieved, and in some disappear entirely. 6. The only counter-indication thus far met with to its use has been in cases of the artificial climacteric (following double salpingo-ovariotomy), in which cases the flashes of heat and cold were made distinctly more frequent and severe.

The Study and Teaching of Obstetrics.—E. H. ROOT.* In schools requiring a four years' course of study this subject should be divided into a junior and senior course. For the junior course only normal obstetrics should be taught. The qualifications essential in the teacher are given. The student should become familiar with the obstetric pelvis, it axis and diameters. The subject of diagnosis should enter into the course as early as possible and be made a marked feature throughout the two years. By the end of the first year the normal mechanism of all positions should be thoroughly mastered. The senior year should be devoted to pathologic obstetrics. The work should be assigned by topics, which should be investigated by each student and upon which an essay is to be written, giving the literature consulted. Practical work should be required of each student before graduation and he should be required to keep a systematic record of each case attended. In the laboratory proper attention must be given to the study of disease and unhealthy conditions met with in pregnant and lying-in women.

Cesarian Section After Vaginal Fixation.—DR. S. DIETRICH† adds in this article evidence to that already accumulated to prove that we are still far from perfection as regards operative treatment of retroversio uteri. In his case firm and extensive adhesions had changed an operative anteversion into an anteflexion, so to speak, standing the uterus on its head. Birth in the normal way was impossible, so

*Phila. Med. Jour., August 19, 1899.
†Phila. Med. Jour., Aug. 26, 1899.
‡N. Y. Med. Jour., August 26, 1899.

*Jour. Amer. Med. Assn., August 26, 1899.
†Centralblatt für Gynekologie, August 12, 1899.

Cesarian section was attempted. It was impossible on account of the adhesions mentioned to bring the uterus up into the laparotomy wound, so a great deal of amniotic fluid, etc., escaped into the peritoneal cavity and fatal peritonitis resulted. The author sees in the anatomic results and consequent physiologic derangements which follow this operation a weighty objection to its performance.

Early Ovariotomy; Its Practical Necessity.—M. ROSENWASSER* reports seventeen cases to exemplfy the various complications that may arise even in the early stage of ovarian cystoma, or that may result from delay. The experience of others serves to corroborate these conclusions: 1. Uncomplicated ovariotomy, in proper hands, is a simple operation with scarcely any risk. 2. Malignancy, trauma, torsion of pedicle, infection, suppuration, adhesion to viscera, and pregnancy materially increase the difficulties and risks of the operation. 3. To avoid complications liable to occur at any time, the removal of ovarian growth should follow the diagnosis without unnecessary delay. The axiom of Dr. Howard Kelly should be the recognized rule of procedure: "From a practical standpoint, all ovarian tumors must be considered as malignant until removed and proved otherwise."

The Puerperal State and Puerperal Hemorrhage; Derivation and Classification.—W. B. GOSSETT.† Puerperal hemorrhage is any hemorrhage from the uterus that is due to conception, and occurring before, during, or after the expulsion of the contents of the pregnant uterus, whether it occurs at the first, second, third, or ninth month of gestation. He would classify the periods in obstetrics as three: pregnancy, the puerperal state (labor and convalescence), lactation. The puerperal state does not begin between any of the three stages of labor, but at the very beginning of labor. The Latin word in its true meaning supports the theory that the term "puerperal" is not to be restricted to a particular period of a woman's pregnancy; certainly no more to the producing of a full-term child than to the bringing forth of the one, two or three-months' fetus. The puerperal state begins as soon as labor pains begin for the emptying of the pregnant uterus, and lasts until the uterus is emptied and the woman recovers from that pregnancy, whether it be the first, second or ninth month of pregnancy. Hemorrhage beginning at the second or third month, etc., when it is due to the state of pregnancy, should be known as a puerperal hemorrhage of the second or third month. Puerperal hemorrhages are classified as: (1) antepartum; (2) post-partum. The former is a hemorrhage occurring before the end of the second stage of labor. Post-partum hemorrhage is one occurring after the second stage of labor, and within a month or six weeks. If occurring a month or more after the completion of labor, it should be called a uterine hemorrhage.

Disorders of Nervous System Accompanying Gynecic Diseases.—R. S. HILL.* Individuals who, by reason of inheriting nerve-cells of limited capacity, require, when in comparatively good health, a discharge of the full force of their psychic cells to perform their duties, are liable to have their mental functions disorganized by any condition which tends to lower their vitality. Every major operation is attended with more or less shock, and the cessation —natural or artificial—of the function of the ovaries produces a decided impression on the nervous system. Therefore the operation, in the last two cases, may have added to the already present tendency to mental incapacity; nevertheless, they were operations of necessity, and ordinarily, by removing the condition which was causing the ill health, should have ultimately strengthened the capacity of the psychic cells to discharge their duty.

INTERNAL MEDICINE.

On the Loss of Knee-jerk and on Peripheral Neuritis in Diabetes Mellitus.—KARL GRUBE† found that in 320 cases of diabetes mellitus, the knee-jerk was lost in 84, 25.3 per cent. The frequency of the absence of the knee-jerk was found to vary with age, increasing with advanced age. In those cases regarded by the writer as slight diabetes, the loss was present in 49.1 per cent., while in the severe form only 23.9 per cent., which shows that the loss of knee-jerk cannot be regarded as a sign of bad prognosis. The writer concludes that three manifestations of nervous disturbances caused by the increase of sugar in the blood are met with: 1. Cramps or acute irritation of nerves, probably not accompanied by any material change in the nerves. 2. Neuritis. 3. A slow degenerative or nutritive change in the nerves which seems to have a preference for the crural, accompanied by loss of the knee-jerks, but also occurring in other nerves, as, for instance, in the optic; impotence, so frequently a symptom in male diabetic subjects, is also probably caused by nutritive changes in the corresponding nervous apparatus.

Report of Six Cases of Pneumonia Treated with Anti-Pneumonic Serum.—A. FANONI‡ briefly describes the technique of injecting the serum. The best site is along the posterior axillary line; the injection is given twice daily, the usual dose being 10 c.c. at each injection. The injections should be used regularly while the fever exceeds 104° F. When the temperature is below 104° and there are other severe

*Jour. Amer. Med. Assn., August 26, 1899.
†N. Y. Med. Jour., August 26, 1899.

*Ala. Med and Surg. Age, August 18, 1899.
†Lancet, July 22, 1899.
‡N. Y. Med. Jour., August 26, 1899.

general symptoms, it will be necessary to continue the use of the serum until the patient's condition begins to improve. A report is given of six cases, from which, together from a list of cases reported by physicians in Italy, the following conclusions are drawn: 1. That Pane's anti-pneumonic serum is the rational remedy in pneumonia, as it constitutes the specific treatment, the same as Behring's antitoxin does in diphtheria. 2. That injections with this serum are not painful, are simple to administer, and do not produce any local or general reaction. 3. That serum over five months old is no longer active and produces no results, although it does no harm. 4. That the serum will not do harm even if given in doses of one hundred to one hundred and fifty cubic centimeters in twenty-four hours. 5. That the serum in the cases under personal observation has shown wonderful efficacy, not only in producing rapid improvement of the general condition, but in hastening resolution in case it is given early in the disease. 6. That in any later pneumonia, especially if the prognosis is given, it is the duty of the physician to use this serum, and if he fails to do so there is no excuse for such an act, except ignorance of the work that has been done in the field of the serum therapy of pneumonia.

Report of a Case Treated with Yellow Fever Serum.—A. H. DOTY* reports the first case to be treated with the serum at New York. The serum used was produced in the laboratory of the New York Health Department. Three subcutaneous injections were given, the first consisting of 25 c.c., the second of the same quantity three hours later, and the third of 50 c.c. five hours later. The operation caused no inconvenience to the patient, and no unpleasant signs or symptoms, either local or constitutional, followed the use of the serum. Besides the serum no medicinal agents, excepting whiskey, were employed during the course of the disease. The nervous symptoms practically terminated on the day the injections were made; there was no evidence of heart failure; the amount of urine passed was rather large considering the fact that the kidneys were seriously affected, as shown by thirty-five to forty per cent. of albumin present. The use of serum does not do away with the necessity for giving careful attention to the nourishment and stimulation of the patient.

Bronchial Obstruction by Suppurating Bronchial Glands.—HALL† claims that the post-mortem findings gives us sufficient pathologic grounds upon which to make a diagnosis of a suppurating bronchial gland, causing at first pressure upon a bronchus and, later, upon rupture, a severe bronchitis limited to the area supplied by that bronchus, with eventual expectoration of the disintegrated gland and possible recovery. Such condition is supposed to exist in the case reported. Patient, a physician, forty-seven years old; complained of having a winter cough for five years; few tubercle bacilli found upon one examination of the sputum; at other times always negative; complained of an obstruction to breathing only upon the left side, at the upper and central portion. About five weeks later the expectoration increased to about two pints daily, consisting of pure pus; continual loss in weight and great increase in dyspnea. During a severe coughing spell a large, firm, fleshy mass was expectorated, but was not examined. After this the obstruction seemed very much relieved, and with it the other respiratory symptoms. Patient was last seen in April, at which time he had only a slight cough and was regaining his weight.

The Treatment of Chronic Diarrhea.—I. BURNEY YEO* reports the case of a man forty-six years of age, who, at intervals during three years, had had recurrence of diarrhea, which had been kept under control by the usual remedies until this last attack. At the time the patient was seen the attack had already lasted one month, patient was very much emaciated and was steadily losing strength. Milk diet was recommended, beginning with three pints daily and gradually increasing as the patient improved, and in addition he took a teaspoonful of pancreatic emulsion twice a day. Coto bark was used to calm the irritable condition of intestinal canal. In less than a fortnight under this treatment the patient improved daily, and the diarrhea had entirely ceased. After some weeks an attempt was made to leave off the pancreatic emulsion and this was attended by an immediate diarrhea and a loss in weight of 2 lbs. in a few days, while on the resumption of the emulsion the patient again returned to his normal condition.

Original X-Ray Work and its Value to Stomach Diagnosis.—W. B. METCALF† presents the results of experiments as to method, technic and apparatus used by him in the examination of the stomach by means of x-rays. The stomach can be definitely outlined, giving its size, shape and position. It is also possible to examine the transverse colon, fistulous tracts, cystic tumors, uterus or bladder. This is accomplished by filling the stomach cavities or tracts with a bismuth emulsion, which makes it possible to see the shadow outlines through either animal tissue or bone. In preparing for stomach examination, the empty viscus is filled with the bismuth emulsion to the point of complete distension by means of a stomach tube. The best work is done with the fluoroscope; a good apparatus, and experience in its use are necessary in order to be able to recognize what the field presents. This method gives a geographic outline of the stomach, enables one to note the changes produced by gastrectasia, atrophy, stricture, contractions, displace-

*N. Y. Med. Rec., August 26, 1899.
†Amer. Jour. Med. Sciences, August, 1899.

*Lancet, July 22, 1899
†Phila. Med. Jour., August 26, 1899.

ments or adhesions produced by or as part of new growths.

Bright's Disease, or Nephritis. — W. S. Mills* believes the best definition to be: "A disease characterized by degeneration of kidneys, whereby the excretory function is so impaired that urea is not sufficiently eliminated by the blood. Any disease of the kidneys marked by the persistent pressence of albumin in the urine and attended by disintegration and wasting of the organ." After a short historical note of the disease, the theories as to its origin are considered. The views of Semmola are advocated, viz.: That the blood always first becomes deteriorated so as to contain an increased amount of albumin, the changes in the kidney following. A careful review of the literature, together with a study of clinical cases and post-mortem work, suggests the desirability of dividing the subject into acute Bright's disease and chronic Bright's disease. Both conditions are fully discussed with reference to morbid anatomy, gross and microscopic, pathology, exciting causes, symptoms, differential diagnosis and treatment.

Albuminuria in Diabetes Mellitus. — Herzog† gives some interesting statistics as to the frequency of this symptom. It is to be remarked that only such cases are included where the albuminuria depends directly upon the diabetes without antecedent Bright's disease. Thus, in 1200 cases of diabetes, Schmitz found albuminuria in 68.7 per cent. The occurrence of albuminuria in diabetes is not necessarily a sign of nephritis. Although in post-mortems in cases of diabetes the kidneys are rarely found to be perfectly normal, the lesions may vary greatly. So long ago as 1881 Ebstein described a peculiar "necrosis of the renal epithelium" in diabetes, which has been confirmed by subsequent investigations. It has even been shown that the condition is sometimes found in artificially induced "phloridzin-diabetes" in animals. Hyalin and glycogenic degenerations of the loops of Henle have also been described. The prognosis of the diabetes is rendered more unfavorable by the continued presence of albuminuria, probably because after all in the majority of cases it rests upon an organic basis.

NERVOUS AND MENTAL DISEASES.

The Neurotic's Diet.—H. E. Eyman.‡ There are some forms of neuroses in which an almost exclusive meat diet is essential. When the skin is dry and parched, and the nerves are desiccated, producing an irritability and restlessness not found in other conditions, a meat diet and hot water are indicated. Persons with melancholia usually suffer from dyspepsia; their symptoms, foul breath, coated tongue, and constipation are the result and not the cause of the depressed nervous condition. A proper diet is the most powerful agent. How dependent these patients are on food is proven by a return of depression and delusions if they miss a meal or even have it postponed. These patients cannot have too much fresh air, though they may have too much exercise. Fatty foods, milk, ham, cod liver oil, maltine, eggs, farinaceous foods, beefsteak, fish, and fowl, can all be used to advantage in feeding melancholics. At times stimulants are useful; ale and porter are especially indicated in cases of lean, anemic melancholics. The stronger stimulants are seldom used, except in cases of extreme exhaustion. As soon as the patient has gained in weight, all stimulants should be discontinued.

Simulated Disease of the Mind and Nervous System.—S. Bell.* Many instances are related by neurologists where the sensory tests, more or less severe, have been applied to the feigner successfully under the stimulus of being examined under such circumstances; the cornea and conjunctivæ could be pricked without winking. Pins and needles have been thrust into the skin and flesh, and strong electrical currents and hot irons applied, without causing the patient to flinch or give any manifestation of pain; but when the patient was taken unawares, as in the instance of Honig, when he caused a needle to pierce his patient without any outward manifestations of pain, the next day the same prick of the needle was made in him unawares, when it immediately caused an outcry. Several cases are related where a bucket of cold water was thrown on a person while standing in front of him without any effect, but when the refrigerating beverage was thrown from behind and unexpectedly the man immediately started from his position. Many tests which may be made without the patient being aware will suggest themselves, and be very effective. The detection of loss of vision is comparatively easy. In order to feign complete blindness requires a great amount of ingenuity, skill, and perseverance. Not many have sufficient control of their eyes to have them remain unmoved when objects are moved in close proximity to them. The general movements and rigid stare and the step are not easily counterfeited. Such changes in a large majority of cases can be detected by the use of the ophthalmoscope.

Extradural Spinal Meningeal Hemorrhage.—S. D. Hopkins† reports a case, giving the following history: Patient, while shoveling coal, experienced a peculiar non-painful sensation throughout the body; this persisted, and twenty minutes later the lower limbs became paralyzed, and he complained of severe pains in the lower portion of the back, extending around the abdomen and down the thighs. Motor

*N. Y. Med. Rec., August 26, 1899.
†Deut. med. Woch., August 10, 1899.
‡Jour. Amer. Med. Assn., August 26, 1899.

*Medical Age, August 25, 1899.
†N. Y. Med. Jour., August 26, 1899.

power of legs was entirely lost, also sensation in lower portion of trunk and legs except one small spot on the inner side of left leg. Pulse and temperature normal. In the course of twenty-four hours motor power of the left leg gradually returned and by the end of the second day was fairly good. Sensation gradually returned. Reflexes at first were abolished. He had incontinence of urine. On the third day motor power of the left leg was good, but he was unable to make the slightest movement with the right. Sensation was present throughout the body. Right knee-jerk was absent, the left increased; ankle-clonus absent. There was no ataxia nor paralysis in the arms. Facial muscles were normal, as were also all the special senses. There was no evidence of atheroma of the vessels and no history of syphilis or alcoholism. Girdle sensation persisted and there was incontinence of urine and feces. The following day nausea was added to these conditions. During the evening he made a sudden movement, suffered great pain in the back, and in a few minutes had a general convulsion, in which he died. Diagnosis of spinal meningeal hemorrhage was made and confirmed by autopsy. On removing the spinous processes of the vertebræ the canal external to the dura was found to be filled with liquid blood and a few small clots were found in the lumbar region. The membranes of the cord were slightly congested. The cord itself was normal. The sudden termination was probably due to paralysis of the cardiac and respiratory centers by pressure.

A Case of Traumatic Epilepsy Following a Compound Fracture of the Skull Sustained Eleven Years Previously.—P. JAMES.* The examination of the patient, a man 24 years old, revealed an injury to the skull in which there existed a depressed spot painful to pressure, the pressure causing tremors and loss of vision, symptoms which were already familiar to the patient as preceeding an epileptic attack. Upon operating, the painful spot was found to be a tongue of cicatrical tissue, which tied the scalp to the meninges at a point corresponding to the region of the right angular convolution. The cicatrical tissue was removed and a silver plate was inserted beneath the scalp to prevent further adhesions. Eighteen months have now elapsed since the operation and he has had no more attacks

Pachymeningitis Spinalis Externa.—F. W. LANGDON and A. H. FREIBERG† report a case occurring in a male, aged 19. The sum up: The symptoms indicated an increasing pressure of exudate with its incidence at the first and second segments of the cord anteriorly, thus compressing the ascending anterolateral tract of Gowers—temperature sense symptoms—and the pyramidal tracts before their complete passage into the lateral column. In no other situation is it possible to conceive of an external lesion causing the motor symptoms presented, viz.: quadruplegia with waxy rigidity and without muscular atrophy of the arms. Slight electric changes were noticed in the hypothenar group of the right hand, doubtless due to nerve-root involvement lower down, as was the absence of pupillary dilatation on removal of the light. Against primary vertebral disease were the supposed "rheumatic" constitution, a preceding gonorrheal infection, the absence of trauma. In favor of primary vertebral disease of tubercular origin were hereditary factor, tenderness on pressure with thickening over cervical spine, reaction to tuberculin test, which was however much delayed; finally, the doctrine of probabilities as well as the favorable outcome of the case. In addition to treatment by extension and counter-extension, potassium iodid was given for one month; cod liver oil and hypophosphites were also administered, and the patient was kept in the open air whenever practicable. Recovery was complete.

*Lancet, July 22, 1899.

†Jour. Amer. Med. Assn., August 26, 1899.

PATHOLOGY AND HISTOLOGY.

Diagnosis of Uremia.—Under this heading HERZOG* describes some of the rarer manifestations of uremia. Uremic hemiplegia is not of infrequent occurrence. In these cases the post-mortem may show absolutely no local lesions, or there may be marked edema of the brain. In many cases of uremia there may be cerebral hemorrhage however, also giving rise to hemiplegias. The differential diagnosis as to the character of the paralysis can often not be made intra vitam. Aphasia may (rarely) be of uremic origin; a definite explanation of the occurrence has not been offered as yet. Clonic contractions of isolated muscle groups (not the ordinary uremic convulsion) have sometimes been observed. Amaurosis uremica (without an underlying albuminuric retinitis) has been seen a few times. In regard to the pathogenesis of uremia the author thinks that the theory of poisons retained in the blood deserves especial attention.

Sternocardia Cordis.—HAUSER† reports this rare condition in a child of 14 months, who almost from birth had suffered from severe dyspnea without corresponding pulmonary lesions. Death occurred very suddenly. Post-mortem showed an enormously large heart. There were no lesions of the valves; the orifices were not stenosed; the septa were perfect, and the coronary arteries normal. In the left ventricle the endocardium was enormously thickened, the thickening extending in a ring around the ventricle, not involving the mitral valve. The same condition—but to a less marked degree—obtained in the right ventricle. Virchow, who saw the specimen and made the diagnosis, said he had never seen a precisely similar case. A

*Deut. med. Woch , August 3, 1899.

†Deut. med. Woch., July 13, 1899.

feature of added interest is the more marked involvement of the left heart, because in congenital heart lesion—and this evidently was a congenital lesion—the right heart is usually the most extensively involved.

The Cortical Substance in Arterio-Sclerosis of Cerebral Vessels.—A new discovery by RADAELLI* may in part, at least, serve to explain the peculiarities of cerebral rigors, observed in those affected by arterio-sclerosis. The author found varicose atrophy of nerve-cell processes and neuroglia. The number and intensity of the lesions varied greatly in different parts of the cortex. The whole change is considered by Radaelli to be a result of the nutritive disturbance consequent upon seriously impaired blood vessels.

SURGERY.

Nephrectomy vs. Nephrotomy.—J. RANSOHOFF.† Betterments in the modes of examination and the consequently greater accuracy in diagnosis, the recognition of the early gross changes wrought by disease as seen by operation rather than by autopsy, and the comparative safety of incisions through healthy kidney tissue, have brought to the fore the element of safe conservatism in the domain of renal surgery. In cases of hydronephrosis, when an operation is indicated, choice must usually be made between incision and extirpation of the sac. Considering the tendency to involvement of both kidneys, nephrotomy should be considered the normal procedure until some safe and simple aid shall be devised to assure us of the health of the other kidney. For the relief of very large hydronephrotic sacs, in which the remnant of kidney tissue has lost it function, primary nephrectomy should be made, provided the other kidney is normal. As to acute suppuration of the kidney, four cases are presented, all of which were saved by nephrotomy. Early operation should be performed in these cases; besides giving vent to pus the nephrotomy, by relieving tension, limits the disease and insures as far as possible the salvation of the viscera. Nephrotomy is indicated in chronic pyonephrosis: 1, when the condition of the opposite kidney cannot be ascertained; 2, when the reduced condition of the patient will not permit the major operation if this is indicated; it is then but a preliminary step to be followed by nephrectomy as soon as possible; 3, when the operation reveals the presence of considerable kidney tissue and an approach to the normal on the part of the pelvis and proximal portion of the ureter; hence, a later ureteroplasty may assist the need of nephrotomy; 4, when there is evidence or suspicion of disease of the other kidney. Primary nephrectomy is indicated in chronic pyonephrosis: 1, when there is a sound second kidney; 2, when inspection of the exposed kidney shows many or large pouches that cannot be successfully drained; 3, when there is little kidney tissue left; 4, when an examination of the pelvis and ureter makes it reasonably certain that a return to normal cannot take place; 5, in paranephritic and perinephritic suppurations when the kidney acts as a valve, impeding successful drainage. In renal tuberculosis, when operation is indicated, the following thesis may be promulgated: 1, when operation reveals a strictly localized lesion, partial excision or curettage should be done; 2, nephrotomy is indicated when there is uncertainty as to the condition of the other kidney, or for the temporary relief of acute sepsis, and when the condition of the patient will not permit the major operation; 3, unless unusual conditions call for nephrotomy, it is not to be advocated; 4, primary nephrectomy should be considered the normal procedure when an operation is indicated. In the surgical treatment of renal calculus, choice must be made between nephrolithotomy, nephrotomy and nephrectomy. The first should be the routine operation. When the kidney is enlarged and sacculated, in consequence of irritation from and secondary infection due to a stone, nephrotomy and drainage are the procedures to be adopted. Nephrectomy is reserved for the extreme cases of sacculated pyonephrosis, when it is evident that the disorganization of the kidney is such that it cannot be recovered from, and where there is a minimum of renal parenchyma left. The sources through which knowledge is to be obtained in regard to "the other kidney" are briefly mentioned, including radiography, catheterization of the ureter, cystoscopy, the segregator of Harris, preliminary lumbar exploration of the kidney; but patient and careful attention should nevertheless be given to the analysis of symptoms and repeated examinations as to the quality and quantity of urine as a whole.

After-Treatment of Abdominal Sections.—C. L. BONIFIELD.* The indications for treatment after abdominal section are to secure reaction from shock; to arrest secondary hemorrhage should it occur; to combat sepsis if need be; to administer proper nourishment, and to make the patient as comfortable as possible without interfering with her memory. Ordinarily reaction occurs without much assistance. Normal salt solution per rectum, subcutaneously or intravenously, is the best weapon in severe shock. Someone competent to reopen the abdomen should be within call for twelve hours after operation, in case hemostosis is incomplete. The best means to arrest sepsis or to combat it is free purgation. Calomel is generally satisfactory given in one dose of five grains twenty hours after the operation. In four hours the dose is repeated if necessary. Two hours after the

*Central f. Pathologie und Path. Anat., July 15, 1899.
†Phil. Med. Jour., Aug. 26, 1899.

*Jour. Amer. Med. Assn., August 26, 1899.

second dose of calomel two or three ounces of citrate of magnesia are given every hour until the bowels move or the stomach rejects it. If the bowels do not move within forty-eight hours after the commencement of the administration of purgatives, it is best to desist and devote one's energies to sustaining the patient. Unless particularly indicated, all nourishment should be withheld until the bowels have moved. If any is given it should be as hot as can be swallowed. If the patient suffer pain, an enema is given containing codein three grains, and chloral thirty grains; it may be repeated in four or six hours if necessary. A half-ounce of hot water may be allowed every hour after the first four hours. If more fluid seems required by the system, the best way to supply it is by rectal injection of normal salt solution, half a pint being given every two to six hours.

Fractures of the Femoral Neck; their Anatomic Treatment.—C. E. RUTH.* The first indication in in the treatment of all fractures is correct adjustment of position; the second, immobilization; the third, recovering muscular action which would tend to disturb the relations. In fractures of the femoral neck, adjustment of the fragments is best accomplished by flexing the thigh on the abdomen to relax the psoas and iliacus, bringing them above the fracture line, thereby preventing them from being permanently caught between the fragments. This position also relaxes nearly all the external rotators; then make vertical traction on the shaft of the femur, which now stands at right angles to the trunk, while moderate eversion is being maintained. Next abduct to normal line and make extension in the long axis of the trunk, while an assistant makes traction one-half to two-thirds as strong outwardly, slightly upward and forward from the upper end of the femoral shaft. These manipulations should be made by firm, steady traction, not by jerks, which is to be made continuous by Buck's extension with a weight of from ten to twenty pounds, according to the muscularity of the patient, with elevation of the foot of the bed enough to counteract the tendency of the patient to slide down to the foot. This means an elevation of from six to fifteen inches. A binder's board, or other splint material, should now be moulded to the upper inner aspect of the thigh, over which a band of muslin four to six inches wide should pass outward, slightly upward and sufficiently forward that the weight over the pulley should overcome the internal pull of all the rotators and abductors and at the same time raise the lower fragment to its normal level. The weight on this lateral pulley will be from five to fifteen pounds. The side of the bed corresponding to the injured side of the patient must be raised enough to prevent the individual from being drawn out of position toward the lateral pulley. Patients so treated have no pain whatever after spasmodic muscular action is entirely overcome. Seventeen cases are reported; the failures to secure union occurred in only two cases that absolutely refused to have the treatment carried out. The patient can be raised for purposes of cleansing and can be easily handled whenever necessary.

*Journal Am. M. A., Aug. 26, 1899.

Asepsis of Hands of the Surgeon and Skin of the Patient.—C. BECK.* There is no doubt that the surface of the skin can not be rendered absolutely aseptic. In the incising of the skin a number of glands are naturally dissected and the bacteria contained in them are freely exposed. The dissecting knife also comes in intimate contact with them and must therefore be considered infected. Therefore the knife used for skin incisions must not be used for further incisions. The wound margins of the skin are covered with sterile napkins, which are fastened to the wound surface with small miniature forceps, so that the skin wound is not touched at all during the subsequent manipulations. The surgeon and his assistants wear sterilized linen gloves. The surgeon changes gloves after the skin incision is made. For uniting the wound margins of the skin the subcutaneous method should be preferred. Operations should be performed as quickly as possible. Forcible manipulations, especially blunt operations under the pretence of blood saving, should be avoided.

Intestinal Anastamosis by Invagination.—Prof. MARISANI† of Genoa suggests a novel method of uniting small intestines end to end, and claims to have used the same with good results. He dissects out the mucous membrane from the first quarter inch of the lower segment, and then thrusts into this opening the upper segment. Stitches which are now inserted pass through the peritoneum and musculosum of the outer casing, then on through like layers of the inner gut. Thus no thread comes in contact with the mucosa, and intestinal contents are kept from all approximated wound surface and suture canals. It is easy to see that such a procedure as the above greatly increases the chances of the intestinal wound healing by first intention.

A Review of the Several Operations for Hemorrhoids; the Best Operation.—J. C. STINSON‡ advocates the following improvements in the technic of excising internal hemorrhoids: The internal hemorrhoid is grasped with forceps and drawn down well into view, exposing its base; estimate the amount of tissue that should be left after excision is done, so that the cut edges can afterward be sutured accurately without tension. Apply a broad ligament forceps to the base of the pile, the direction of its blades corresponding to the long axis of the bowel; draw the pile out well, and force the forceps down

*Jour. Am. Med. Ass'n., August 12, 1899.
†Centralblatt fur Chirurgie, Aug. 12, 1899.
‡N. Y. Med. Jour., Aug. 26, 1899.

on the wall of the rectum, so as to include as much of the base as possible. Close the forceps and lock it tightly. Cut off the pile, leaving only enough of the tissues on the surface of the forceps, so that the open mouths of the vessels can be located and separately ligated and the cut edges be accurately stitched with continuous sutures of medium-sized catgut. Remove all other piles in a similar manner; finally, take off the forceps in the order in which they were applied. Under such circumstances the forceps are temporary hemostatics, levers and tractors, thus an addition to the immediate excision method. They enable the operator to perform his work quickly, with few manipulations, and without the aid of assistants. Broad-ligament forceps have heretofore been used by some surgeons in hemorrhoidal operations.

Post-Operative Psychic Disturbances. — E. M. DE MONTYLL* divides the mental derangements following operations into (1) transitory delirium, and (2) permanent insanity. Delirium may be due to many causes, viz., chronic alcoholism, or kidney disease before operation. It may further be due to chloroform, cocaine sublimate, or iodoform intoxication, as well as to wound infection. The puerperal state as well may be followed by similar manifestations. The different deliria are avoidable and easy of diagnosis. Post-operative insanity without predisposition does not exist and may result from the loss of a child, from loss of a sum of money, from any trauma, so of course in like manner from a surgical operation. Among the operations which tend particularly to produce the above-mentioned disturbances are extirpation of the thyroid or removal of the ovaries.

Tuberculosis of Fascia.—J. E. MOORE.† There are two varieties. In the first the disease is confined to the surface of the fascia and is practically the same as a tuberculosis of the tissue secondary to a joint tuberculosis. There may be a very small area affected, or it may be quite extensive. It is found most frequently in the fascia lata, in the fascia covering the popliteal space, and in the deeper fascia of the thigh and leg. In the second variety the disease is not limited to the surface of the fascia, but dips down through it, attacking deeper layers of the fascia and muscular tissue. It is found most frequently in the chest walls and in the deeper layers of the thigh. The diagnosis is made largely by exclusion, and at times it may be impossible to make a positive diagnosis without an exploratory incision. In the vast majority of cases fascial tuberculosis is secondary. A most careful search should always be made for *foci*, in neighboring glands, bones, and joints, before accepting a diagnosis of fascial tuberculosis. Under proper treatment the first variety will usually disappear promptly, but in the other variety, in which the disease dips down into deeper parts, the prognosis is grave. Treatment consists of thoroughly removing every trace of disease with knife, curette and scissors.

*Revue de Chirurgie, May 10, 1899.
†Jour. Am. M. A., Aug. 12, 1899.

A Case of Two Distinct Fractures Occurring in the Same Patella at an Interval of Eight Months. —HENRY* reports this case, and has only succeeded in finding one similar reported. The diagnosis could never have been made without the use of the x-ray, which, perhaps, accounts for the scarcity of cases now recorded.

The Longitudinal Silver-Wire Suture.—M. L. HARRIS† briefly summarizes the advantages of the longitudinal silver-wire suture as follows: The material can always be sterilized with ease and certainty. It is non-hygroscopic, consequently does not convey infection to the deeper tissues, thus producing stitch-hole abscesses, etc. The edges of the wound throughout its various layers are more perfectly coapted than by any other method of suturing. The accurate coaptation leads to an intimate union with the production of the best possible amount of new-formed connective tissue, and hence the greatest possible strength of union. The very narrow linear cicatrix is a great improvement in a cosmetic sense, as there is an absence of the numerous lateral stitch-holes, the scars of which are often more disfiguring than that of the cut itself. The suture will withstand any desirable amount of traction without yielding. It can be easily and quickly applied.

Gunshot Wounds of the Chest in the Spanish-American War.—H. S. GREENLEAF‡ collected the records of 24 cases of such wounds; of these, fifteen recovered without complications; three had hemothorax, without going on to the formation of empyema, and six developed hemothorax, which eventually became purulent and required operation. One out of this latter number had peritonitis and died. The histories of 17 cases are given, from which it appears that there are enough unfavorable results to modify the claim that the effect of modern gunshot injuries to the chest is humane. They are always to be looked upon as dangerous wounds, so that they may be handled with the utmost care from the time of injury. The greatest care must be persevered with in the treatment for several weeks, until all danger of further hemorrhage into the pleura is past. The indications for treatment are two-fold: First to guard against infection at this time, when conditions are so favorable for that serious complication; and second, to check hemorrhage as soon as possible, for a collection of blood in the pleura or a hematocele in the lung is a most fertile ground for

*American Journal of the Medical Sciences, Aug., 1899.
†Jour. Am. Med. Assn., August 12, 1899.
‡N. Y. Med. Jour., August 26, 1899.

saprophytic invasion, and acts itself as a foreign irritant. The first is met by promptly cleansing and applying the first and sterile dressing, and using special precautions during convalescence to prevent exposure and infection that would lead to any general inflammatory condition of the lungs. The second indication is met by making it thoroughly understood, especially among the soldiers themselves, that all chest wounds are serious, and that the patient must be kept absolutely quiet and passive. The surgeon should employ the usual methods of controlling internal hemorrhage.

Hernia of the Vermiform Appendix.—L. L. HILL* reports two cases of hernia in which the appendix was found in the hernial sac upon operation. In one case, a man 60 years old, a partly reducible scrotal hernia had existed on the right side for twenty-five years. Signs of strangulation led to herniotomy, when the cecum and appendix were found in the sac; the latter was eight or ten inches in length and firmly adherent to the sac. The second case occurred in a woman, 48 years old, in which a reducible hernia had existed under Poupart's ligament for three years. Acute symptoms led to operation, and a strangulated appendix was found at the crural ring. From statistics it is concluded that the vermiform appendix is found in about 1½ per cent. of hernias, and that in not quite 3 per cent. of these cases the appendix is found on the left side. The appendix more frequently forms a hernia in children, being found in a little more than 2 per cent. of hernias.

Skin-Grafting; a New Method.—J. L. WIGGINS† thus describes the method: The graft, as well as the surface to which it is applied, must be properly cared for, otherwise its life is jeopardized. The dangers which are encountered consist of: first, excessive exudation between graft and granulation, which precludes union and permits assaults upon its vitality, followed by death. In avoiding these conditions I have found two methods, each under varying conditions, equally satisfactory, where the surface is large. We know that gradual encroachment must be made from the margin. We also know, if we can secure a point in its center, that the repair from this point toward its margin proceeds more rapidly from margin to center and from center to margin than if this central implantation did not exist; with this knowledge, and for the purpose of facilitating central implantation, I have taken the ordinary rubber tissue, perforated it, leaving the holes at intervals of every one-eighth inch, covering entire surface; these islands of granulating tissue protrude about one-fourth line above surface, and are each independent of its fellow. The intermediate pressure serves to render the projecting points more vascular, and presents by reason thereof a kindlier welcome to union with the grafts. The second method consists of marking off a space one-fourth to one-half inch of granulating surface around entire circumference and sowing this field with desiccated epithelial cells; over these, strips of rubber tissue are laid extending about one-half line beyond margin of implantation. The center of the ulceration is then filled with strips of gauze and dressings, applied in usual manner; this method is of great value where the secretion of the surface is excessive, as by the fencing off of the marginal line the life of the grafts is jeopardized by the secretions only of its own field, as the pressure on the internal end of strip prevents flow of secretion from center to margin, and the gauze absorbs the excess. In addition, we create a greater marginal vascularity by the slight central pressure after from 36 to 48 hours; this process is repeated untfl the entire surface is covered. When the surface does not exceed one and one-half or two inches the entire surface can be covered without resorting to either of the foregoing methods.

Traumatic Aneurism of the Axilla Treated by Free Incision and by Ligature of the Axillary Vein and Subscalpular Artery; Recovery.—RAW.* Patient, a married woman of forty-five, dislocated her left shoulder. It was reduced, and after five weeks the surgeon in attendance, thinking manipulation necessary, accomplished it by placing the patient on her back on the floor and by placing his heel in the axilla. She experienced great pain and the arm began to swell the same night. When she presented herself at the infirmary her arm was red and edematous, and there was a large swelling in the axilla, almost complete motor and sensory paralysis of the whole arm, and a dim motion of the radial pulse on affected side. The swelling progressed and in about two weeks broke through the skin with serious loss of blood. It was necessary to operate at once. An incision was made from the clavicle to the anterior fold of the axilla, completely dividing the pectoral muscles. A temporary ligature was placed around the axillary artery and the vein tied off completely. A rapid incision was then made into the tumor completely through the axilla down the inner side of the arm to the elbow. A large amount of blood clot was removed. It was found the axillary vein, which was torn completely across, was ligatured at both ends, while the subscapular artery was ligatured about one inch from the main trunk. The temporary ligature was removed from the axillary artery and the wound closed. The patient recovered and has a very useful limb.

*N. Y. Med. Rec., August 26, 1899.

†Railway Surgeon, Aug. 8, 1899.

*Lancet, July 22, 1899.

Practical Therapeutics.

The Treatment of Comedo.—The obstruction of the excretory duct of the sebaceous gland which is called comedo, or in the ordinary vernacular, "blackhead," is a most distressing and frequent disfigurement in the young. The treatment is generally unsatisfactory. The most successful combination so far is that recommended by VON HEBRA and UNNA. It is composed of one drachm each of ichthyol, bismuth subnitrate, and ammoniated mercury. This is rubbed up with ten drachms of vaseline. The application is made each night and should be followed by a thorough cleansing by the application of hot cloths or of steam.

Holocain as a Local Anesthetic in the Eye.—Holocain is quite as powerful a local anesthetic as cocain and it has several marked advantages over the latter substance. It acts much more quickly and quite as deeply as does cocain. It does not have the same constricting effect upon the blood vessels, and hence does not interfere with the nutrition of the part after operations. Where this latter effect is desired, it is necessary to employ cocain. Being free from many of the objections of cocain and also much less toxic, it can be frequently employed as an adjuvant to other remedies. Its solutions can be easily aseptic, by heat.

Treatment of Ringworm with Chloride of Sodium.—This simple remedy is strongly recommended by PERKINS, who claims to have used it in every case of ringworm that has come under his observation for the past sixteen years, and in no case did it fail to give relief. In one of these the disease had been of five years' standing and the cure only took three weeks. The chloride of sodium in fine powder is rubbed up with vaseline to make a moderately stiff ointment. The affected part if covered by hair is shaved and the ointment thoroughly rubbed in, night and morning. In a few days the part becomes inflamed, after which a simple emolient is applied. Two daily applications of the ointment for three or four days is usually sufficient to destroy the parasite over the area to which it is applied. The simplicity of this method makes it particularly desirable, and it would be interesting to know if other observers reach similar results. There is a possibility that in our search for new and rare chemicals as antiseptics that we are overlooking some efficient and well-known older remedies.

Treatment of Chronic Morphinism.—EMERICH,* in discussing this question, concludes that the prognosis in these cases is not absolutely hopeless.

He objects to the sudden withdrawal of the drug and claims much better results from gradual diminution of the dose. The use of substitutes for morphia—notably peronin, heroin and dionin—is not to be recommended. Only the last named drug has any value in these cases, and the quantities needed are too large; besides we are only substituting a milder salt of morphin for the one before used. Attention is called to the fact that absolute abstinence from alcohol during the cure is an important factor in treatment.

Finally the author finds that hydrotheraphy, under properly regulated conditions, is an adjuvant of great value.

*Deutsche Medizinische Wochenschrift, Aug. 3, 1899.

To Remove Blood From the Clothing.—J. T. RUGH.* Hydrogen peroxid will remove blood spots from clothing. It should be used full strength, and after oxidation has ceased it should be wiped off and another application made. If hot water or anything which will coagulate the albumin has been used, the peroxid will remove the stain. The earlier it is applied, the better the effects. It has never been seen to bleach clothing during the removal of spots.

Treatment of Sub-acute Articular Rheumatism.—In discussing this subject, E. WEICZ† says that one of our most important objects is to prevent contractures and deformities. To this end regular examinations should be made even during the acute period, and so far as possible malpositions of joints should be rectified. With the subsidence of the fever, measures to prevent contracture should be cautiously instituted. The fixative splints should be removed as soon as possible. For the sub-acute swelling, warm, moist applications at night, of natural or artificial sulphur water, are valuable.

Baths may be used to advantage where there is no endocarditis. It is well to begin with baths at about 88° F. and then gradually run them up to 106° F. After the baths a dry pack and a rest of several hours must be had. In cases where the exudate and pain persist, so-called "slime-baths" are often of great value.

When it is possible, mild active movements may be begun in the baths. Massage may be used to advantage, but only the stroking movements. Resistance movements are usually too painful to be carried out.

Where contractures have set in, carefully regulated work with pulley-machines, with weight and time being carefully watched, is of value. In addition active movements are to be used as soon as possible.

Hydrotherapy—A New Bath Facilitating its Use in Private Practice.—A. C. HAVEN‡ has devised a bath which is cheap, enabling many to use it. It is no larger than the ordinary hand-satchel when folded and can be carried by the nurse or physician. It can be operated by one attendant, as no lifting of the patient is necessary. It is simple, with nothing to get out of order. It consists of a canvas strap, en-

*Phil. Med. Jour., Aug. 12, 1899.

†Deutsche Medizinische Wochenschrift, Aug. 3, 1899.

‡Journal Am. M. A., Aug. 26, 1899.

circling the head-board of the bed, the ends of the canvas belt fastened by a simple catch, so that the belt may be drawn taut; another canvas belt of similar design for the foot-board, two rings, twenty-six inches apart in each canvas strap, a rubber sheet, hemmed at both sides, holding slip ropes, on the ends of which are four snaps. The patient is rolled on the sheet, the four snaps are caught in the four rings, and the tub is ready for the water. It is emptied by lowering one corner, and finishing with a small piece of rubber hose used as a siphon. When not in use it folds up in a small cotton bag. A still simpler modification can be made with a rope tied firmly around the head-board, another around the foot-board, and two parallel ropes connecting them, and three yards of common table oilcloth, fastened by a dozen clothespins to the rope. The more general use of water in therapy is advocated.

The Treatment of Uterine Gonorrhea.—In discussing the value of the new silver preparations, it must not be forgotten that some of the earlier ones are of great value; many still prefer them. DR. SHULTZ‡ states that he has obtained far better results from the use of argentamin in internal gonorrhea than from any other. The argentamin, which was first made from silver phosphate, is now made from the nitrate.

Some Uses of Pilocarpin.—S. HARNSBERGER† notes some uses of this drug not mentioned in recent text books. He cites three cases illustrating its benign effects in orchitis; it is given in one-eighth grain doses of the hydrochlorate, repeated every 2 to 6 hours with one-half grain does of codein, as may be necessary to produce copious sweating and relieve pain. The same drugs, in similar combination, are of great service in cholelithiasis and nephrolithiasis. In both hepatic and nephritic colic the pilocarpine is best administered subcutaneously. It deserves a trial in tonic spasm of the diaphragm, in certain cases of hiccough; in cases of stricture and obstruction of the intestine when iced-poultices and wet-compresses are ill-borne, codeine and pilocarpine may be used with benefit. The easiest and quickest way to remove ranula is by means of one-sixth grain of pilocarpine hypodermically.

The Therapeutic Properties of Buffalo Lithia Water.—JOHN V. SHOEMAKER‡ maintains that the peculiar virtues of the Buffalo lithia water appear to be owing to the mixture of salts which they contain, and, as regards spring No. 2, to the proportionately large quantity of the bicarbonate of potassium. They are likewise due to the perfect solution in which the salts are held and, consequently, to the complete absorption and assimilation which result. In the alembic of nature more effective solutions are produced than the laboratory of the chemist can always prepare.

An additional advantage and extremely important reason for the peculiar efficacy of the Buffalo lithia water lies in the fact that its composition approximates that of the serum of the blood; therefore it is admirably fitted for absorption into the blood current and immediate incorporation with the watery portion of the nutrient fluid. It becomes at once identical with the blood serum. These are qualities which far surpass those possessed by any extemporaneous solution of a single chemical preparation, as when a lithia tablet, e. g., is dissolved in water for immediate administration. When we speak of a dose, it is of a quantity altogether relative, and what the physician emphatically desires in a dose is therapeutic efficiency. This we have in the Buffalo lithia water.

Those who have made use of this water and carefully noted its effects have often been surprised at the results obtained from amounts so small, according to chemical analysis, of lithia and the accompanying salts. The explanation of this extraordinary activity is doubtless to be found in the conditions just adduced.

For the practical ends of therapeutics it suffices to know the properties of the agents which we employ. We are not always able to understand precisely how such properties are acquired. Abundant experience has shown that the Buffalo lithia water, by virtue of its lithia and the associated salts, is much more effective in some very important particulars than extemporaneous solutions. It exerts, for instance, a solvent action upon renal, hepatic, and vesical calculi more powerful than could be expected from a mere inspection of its chemical analysis. By sweeping uric acid rapidly out of the system it alleviates the miseries of gout. It is efficacious in rheumatism, Bright's disease, diabetes mellitus, and a number of nervous affections.

Disinfection, Deodorization, Isolation.— "In the sick-room and household I find Platt's Chlorides cleanly, convenient and reliable for all purposes of disinfection, deodorization and isolation."

MARCUS P. HATFIELD, M.D.,
Professor of Diseases of Children, North Western University, Chicago, Ill.

Hypo-Substitute for Opiates.—DR. OBE. F. WATLINGTON, of Memphis, Tenn., writes in the *Medical Brief:* "I have in my possession a hypodermic alkaloidal solution, which is a specific in drug addictions (opium habituation, alcoholism, etc.). On receipt of a two-cent stamp, I will take pleasure in furnishing any of the medical profession the formula, by the use of which a number of the fraternity have been enabled to cure themselves of opiumism, alcoholism, and insomnia. I used morphia hypodermically for ten years. Obtained a perfect cure by this prescription.

*Zeitschrift fur Geburtshülfe, 1899, No. 1.
†Phila. Med. Jour., Aug. 26, 1899.
‡New York Medical Journal, July 22, 1899.